## EXHIBIT B

United States Bankrupicy Court	D	יכז פורין	T OI	Navada		
				Nevada		PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	: Numbe	<sup>≥r</sup> 06	6-10725-LBR		
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					nent	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) 1-2 Enterprises LLC	els	se has file	iled a p	ou are aware that anyo proof of claim relating tach copy of statemen	ng to	
Manager Warren W Tripp	m giv	ving parti	rtıcular	irs		
Name and address where notices should be sent Warren W Tripp 250 Greg Street	not cas	otices from	om the	ou have never received the bankruptcy court in	n this	
250 Greg Street Sparks, NV 89431 Telephone number (775) 355-7552	ado		n the e	e address differs from envelope sent to you b		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Ch	heck here this clain	re	replaces amends a previous	sly filed	claim dated
1 Basis for Claim Goods sold		Ħ	Wage	ree benefits as define ges salaries and com	mpensatio	ion (fill out below)
Services performed  Money loaned				t four digits of your Soaid compensation fo		
Personal injury/wrongful death			•	n		)
Taxes ✓ Other See Exhibit A				(date)		(date)
2 Date debt was incurred August 2004	3	If co	ourt j	judgment, date obt	tained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 405,856.76  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan 11 U S C \$ 507(a)  Check this box if slagency all descriptions in the claim at Time Case Filed	which is  or  in 180  tor s  a)(5)	Ammunts with research	Cheright of  Bri Val  mount (cured coured coured)	theck this box if your coof setoff)  Trief Description of Coof Real Estate Malue of Collateral \$  Tof arrearage and other claim, if any \$ 5.8  225* of deposits towards for personal family for personal family menalties owed to gove be cify applicable parages subject to adjustment and to cases commence to case cases cas	ollateral Motor Ve. \$ Unkr eer charge .856 76 ard purch or house vernmenta agraph of t on 4/1/0 eed on or c	secured by collateral (including chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in addinterest or additional charges	dition to t	the princ	cipal a	amount of the claim	Attach	itemized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim.</li> <li>Date</li> <li>Sign and print the name and title if any of the file this claim (attach copy of power of attor.)</li> </ul>	nents, such racts cours ND ORIGI immous, a filing of you	th as pror rt judgme GINAL D attach a s our claim	omisson nents i DOCU a summ im enc	ory notes purchase mortgages, security UMENTS If the Fill mary sclose a stamped self-	LED J	THIS SPACE IS FOR COURT USE ONLY
1-10 c7 Warren W La	2/1					USA CMC

The state of the s				
UNITED STATES BANKRUPTCY COURT	Dis	TRIC I	아 <u>Nevada</u>	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	Number	06-10725-LBR	TROOF OF GEARN
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				it .
Name of Creditor (The person or other entity to whom the dubtor owes money or property) T-3 Enterprises LLC Manager Warren W Tripp	else you	has file claim ng partic		0
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks NV 89431 Telephone sumbly (775) 055, 7550	noti case Che add	ces from ck box r ess on t	t you have never received a the bankiuptcy court in the f the address differs from the the envelope sent to you by	15
Telephone number (775) 355-7552  Last four digits of account or other number by which creditor identifies debtor	Che	court ck here is claim	replaces	filed claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A		☐ V	Retiree benefits as defined Vages salaries and compe ast four digits of your SS Jinpaid compensation for s rom	in II U S C § III4(a) ensation (fill out below) # ervices performed
2 Date debt was incurred FEB 2005	3	If cou	irt judgment, date obtain	ned
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 304,220 38  ✓ Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) ronly part of your claim is entitled to priority  Unsecured Priority Claim  ☐ Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  ☐ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  ☐ Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  ☐ Contributions to an employee benefit plan - 11 U S C \$ 507(a)  5 Total Amount of Claim at Time Case Filed  ☐ Check this box if claim includes interest or other charges in additinterest or additional charges	r claim or none or which is	Amor security S 507(a Taxes of their counts a with resonant of their security S 30422	Check this box if your claim of setoff)  Brief Description of Colla Real Estate Mot Value of Collateral Mot Value of Collateral Mot value of Collateral Mot value of Collateral Mot March Mot Value of Collateral Mot Value of	teral or Vehicle Other— Unknown  charges at time case filed included in 0.38  purchase lease or rental of property household use 11 U S C \$ 507(a)(8) ph of 11 U S C \$ 507(a)()  4/1/07 and every 3 years thereafter on or after the date of adjustment  304,220.38
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain If the documents are volumed addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any, of the state of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any, of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if any of the sign and print the name and title if a	ents, such a cts court j D ORIGIN ninous att ing of you	us promi udgmen IAL DC ach a su r claim	ssory notes purchase tts mortgages, security occuments if the mmary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY  ED JAN 11 2007
1-10 c7 file this claim (attach copy of power of attorn	Type			USA CMC

्रवाचित्रक ते । जाता १८० विश्वविद्यासम्बद्धाः । स्वत्वविद्याः ।	PRO	OF OF CLAIM		
Name of Debtor	Case Nu	mher		
		0725-LBR		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0/25~LBK		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Robert G. TEETER 4201 VIA MARINA, STE 3	00	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address	SECURED INTER ONE OF THE DE	
MARINA Del Rey, CA 90292		differs from the address on the envelope sent to you by the court	Bankruptcy Court	andy filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (340 - 823 - 223 Y	4-64	Count	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies (	debtor:	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes		digits of your SS#		(not for loan balances)
Money loaned  Money loaned  Mother (describe bnefly)  See Exhibit A	Unpaid c	ompensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED //-06-2003	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(000)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 6 18 4 1		a nght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate	_ Motor Vehicle \$ UNKN	
Amount entitled to pnority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the pnority of the claim		secured claim if any	102011	22
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225 of deposits tows		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, _	services for personal family of Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part		· · · · · · · · · · · · · · · · · · ·
		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 67.184.6/ \$ AT TIME CASE FILED (unsecured)	67,18	24 6 / \$	( priority)	\$ 67, 184.61 (Total)
Check this box if claim includes interest or other charges in addition to the	•	•	**	• •
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<u>uments,</u> su agreement	ich as promissory notes pure s and evidence of perfection	chase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	n, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	·	•		TB 1044 6 -:
governmental units) BY MAIL TO BMC Group	BMC Gro		' FIL	D JAN 1 2 2007
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 Eas	CM Claims Docketing Cente t Franklin Avenue do CA 90245	ſ	
DATE SIGN and print the name and title if any of the	ne creditor or			
this claim (attach copy of power of attor	ney If anyly	1- 17 70 T		USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C \$\$ 152 AND 3571

United States Bankrupicy Court District of Nevada							
UNITED STATES BANKRUPTCY COURT	<del></del>	_ טוגד	RIC I	01	Nevada		PROOF OF CLAIM
Name of Debtor		Case N				<b>.</b> . <b>.</b>	
USA Commercial Mortgage Co		0	6	-/	<u>072.</u>	<u>S-J.BR</u>	
NOTE This form should not be used to make a claim for an adminis							
of the case. A request for payment of an administrative expense ma	y be	filed p	ursua	nt to	HUSC	§ 503	
Name of Creditor (The person or other entity to whom the		Chec	k box	if vo	n are awar	e that anyone	
debtor owes money or property) TERRY MARKWELL		else t	ias fil	ed a	proof of cla	aim relating to	
TRUSTEE of the TERRYMARKWELL		•				of statement	
PROfit Shaning Plan! TRUST	П	givin	• •				
Name and address where notices should be sent						ver received any cy court in this	İ
TERRY MARKWELL	_	case			- • ······ - • ·	.,	
12765 SILVER WOLF ROAD	╽└					itters from the	
Telephone number 775-8536959		the c		i ine t	envelope se	ent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		Chec		e	replaces		
identifies debtor		if this	s clan	m	amends	a previously fil	ed claim dated
1 Basis for Claim	<u></u>	********	П	Ren	ree henefii	ts as defined in	11 U S C § 1114(a)
Goods sold			H				ation (fill out below)
Services performed			Ш	Last	four digit	s of your SS#	
Money loaned				Unp	aid compo	ensation for ser	vices performed
Personal injury/wrongful death				fron	n		to
Taxes Other SEE Exhibit A					(	date)	(date)
		3	If a	A	indamoni	t, date obtaine	4
2 Date debt was incurred 12-15-2004			11 0	Our	Juagmen	i, date obtaine	•
4 Classification of Claim Check the appropriate box or boxes th	nat h	est desc	rnbe	VOUL	claum and	state the amoun	of the claum at the time case filed
Sec reverse side for important explanations	ומו טי	asi desi				state the amount	of the claim at the time case filed
Unsecured Nonpriority Claim 5 403, 853.21		Ì			d Claim		
Check this box it a) there is no collateral or lien securing you	ır cla	ım or		Cl	heck this b	ox if your claim	is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c) none or							
only part of your claim is entitled to priority						ption of Collate	
Unsecured Priority Claim			İ			ate Motor	
Check this box if you have an unsecured claim all or part of	whic	h is		Va	alue of Co	llateral \$	KAOWA
entitled to priority			An	nouni	of arreara	ge and other cha	arges at time case filed included in
Amount entitled to priority \$			sec	ured	claim if a	iny \$ <u>7799</u>	23_
Specify the priority of the claim		П	Up to	\$2.2	225* of de	posits toward pi	urchase lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) of	~=		or se	rvice	s for perso	nal family or h	ousehold use - 11 U S C
(a)(1)(B)	Ji	П	§ 50		-		
Wages salaries or commissions (up to \$10 000) * earned with	ın 18	$^{\circ}$					ental units 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC \ 507(a)(4)	tor s	Ш				•	h of 11 USC § 507(a)()
		/ * //	nount.	s are	subject to	adjustment on 4	/1/07 and every 3 years thereafter or after the date of adjustment
Contributions to an employee benefit plan 11 USC § 507(	a)(5)						o. after the dute of adjustment
5 Total Amount of Claim at Time Case Filed		\$	403	85	3.21 \$4	03.853.21	#403.853.21
Check this box if claim includes interest or other charges in ad	lditio	n to th	(uns e prir	ecureo	າ) ( lamount ດ	(secured) If the claim Atta	(priority) (Total) ach itemized statement of all
interest or additional charges							
6 Credits The amount of all payments on this claim has bee	n cre	dited a	nd de	duct	ed for the	purpose of	THIS SLACE IS FOR COURT USE ONLY
making this proof of claim							
7 Supporting Documents Attach copies of supporting docum	ienis	such	as pro	omiss	ory notes,	purchase	
orders invoices itemized statements of running accounts contracts court judgments mortgages, security						l.A.	
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the DO NOT SEND ORIGINAL DOCUMENTS If the DOCUMENTS If the DOCUMENTS are not available explain. If the documents are voluminous, attach a summary						JAN 1 0 2007	
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-						The same and the transfer of t	
addressed envelope and copy of this proof of claim	g	J. J.	., Cial	, 61	iciose a sia	mpeu sell-	
Date Sign and print the name and title if any of	the c	reditor	or o	ther p	erson auti	horized to	
file this claim (attach copy of power of atto	orney	∣fany	() <b>/</b>				
17/7 1/2 1/2 / //	7					1	LICA CMO
fory Markell,	1/	457	70	<u>e</u>			USA CMC
Penulty for presenting fraudylent Cam Fine of up to \$500 000 o	r ım	prisonm	ent fe	or up	to 5 years	or both 181	1072501969

Hauren Carre	Distriction Course						
UNITED STATES	BANKRUPICY COURT	Dis	STRICT	OF_	Nevada		PROOF OF CLAIM
Name of Debtor	JSA Commercial Mortgage Company	Case Number 06-10725-LBR					
	hould not be used to make a claim for an administrative expense ma					•	
	The person or other entity to whom the or property) Jean Thompson an unmarried woman	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars			·		
Wilma Jean Tho 12 Brewster Wa	ay	not case	ices fror e	m the	have never received ar bankruptcy court in thi address differs from the	s	
	909-335-1153	the	court.		rvelope sent to you by	Tı	HIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	account or other number by which creditor	1	eck here us claim		replaces amends a previously	filed cla	arm dated
✓ Money Persona	sold s performed loaned il injury/wrongful death			Wage Last i Unpa	ee benefits as defined as salaries, and compete four digits of your SS and compensation for so (date)	nsation #ervices	(fill out below) performed
Taxes  ✓ Other ~	See Exhibit A				(date)		(date)
2 Date debt w	as incurred 3-7-05	3.	If co	urt j	udgment, date obtain	ed	
Unsecured Nonp Check this beb) your claim exceonly part of your cured Priori	for important explanations  priority Claim \$ 100,268 37  ox if a) there is no collateral or lien securing you eds the value of the property securing it or if c) claim is entitled to priority  ty Claim  ox if you have an unsecured claim all or part of the property of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all or part of the priority ox if you have an unsecured claim all ox part of the priority ox if you have an unsecured claim all ox part of the priority ox if you have an unsecured claim all ox part of the priority ox if you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have an unsecured you have you have an unsecured you have yo	none or	7	Che ght of Brid	Claim  cck this box if your claim setoff)  ef Description of Collat Real Estate Mote ue of Collateral \$	eral or Vehic	l. I
entitled to priority  Amount entitled to	•				of arrearage and other clasm of any \$_1,433		at time case filed included in
Specify the priority of Domestic supp (a)(1)(B)	the claim nort obligations under 11 USC \$ 507(a)(1)(A) c	<u> </u>	or serv § 507	vices (a)(7)	for personal family or	househ	e lease or rental of property old use - 11 U S C units - 11 U S C § 507(a)(8)
days before filing o business whichever	s, or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debt is earlier - \$11 U S C \ 507(a)(4)  to an employee benefit plan - \$11 U S C \ 507(a)	or's 📙 *A	Other mounts	- Spe are si	cify applicable paragra	ph of 11	1 USC § 507(a)()  and every 3 years thereafter the date of adjustment.
	nt of Claim at Time Case Filed	5(0)	1002	268 3	37 100,268 37		100,268 37
Check this box interest or addi	of claim includes interest or other charges in additional charges	dition to tl	(unsec ne princ		(secured)	(priori tach ite	nty) (Total) mized statement of all
	e amount of all payments on this claim has been	credited	and ded	ucted	for the purpose of	This	SPACE IS FOR COURT USE ONLY
orders invoices. agreements and documents are r  8 Date-Stamped	ocuments Attach copies of supporting documents, itemized statements of running accounts, control evidence of perfection of lien DO NOT SEN not available explain. If the documents are volus Copy To receive an acknowledgment of the filescent and account of the process of the pr	acts, court ID ORIGI minous, a	judgme NAL D tach a s	ents r OCU summ	mortgages, security MENTS If the ary		USA CMC 1072502133
Date	ope and copy of this proof of claim  Sign and print the name and title if any, of the	he credito	r or oth	er pe	rson authorized to	FIL	ED JAN 11 200
1-09-07	file this claim (attach copy of power of attor	rney, if an	y)	_			

UNITED STATE	S BANKRUPTCY COURT	Dis	TRICT	OF Nevada	- DDOOF OF CLAIM
Name of Dubtor	USA Commercial Mortgage Company	Case	Numbe	<sup>er</sup> 06-10725-LBR	PROOF OF CLAIM
NOTH This form of the case. A re	should not be used to make a claim for an admini- quest—for payment of an administrative expense ma	strative exp by be filed	ense ar	rising after the commencement to 11 USC § 503	t.
debtor owes mone	(The person or other entity to whom the y or property) a L Threlfall	else you	has file claim	of you are aware that anyone led a proof of claim relating to a Attach copy of statement oculars	
Ronda L Thre 9915 Saddleba	ack Drive	notic	ces fro	if you have never received a on the bankruptcy court in th if the address differs from th	ıs
Lakeside, CA Telephone numbe	92040 (619) 401-1337	addr		the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of identifies debtor	account or other number by which creditor	1	ck here s clain		filed claim dated
✓ Money Person	sold es performed / loaned al injury/wrongful death			Retiree benefits as defined wages salaries and compe Last four digits of your SS Unpaid compensation for s	nsation (fill out below) #
✓ Taxes ✓ Other	(See Exhibit "A")			(date)	(date)
2 Date debt v	was incurred March 2004	3.	If co	ourt judgment, date obtain	ed
Unsecured Non  Check this be be your claim exceed only part of your  Unsecured Prior  Check this be entitled to priority of the priority of th	ox if you have an unsecured claim all or part of we priority \$	r claim, or none or which is	Amo secu Up to sor serve 507( Taxes of Other counts of with re	Check this box if your claim the check this box if your claim the check this box if your claim the check this box if your claim the check the chec	parges at time case filed included in household use - 11 U S C \$ 507(a)(8) ph of 11 U S C \$ 507(a)()  4/1/07 and every 3 years thereafter in or after the date of adjustment
					ach itemized statement of all
6 Credits Th	e amount of all payments on this claim has been of of claim	credited ar	ıd dedi	ucted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
agreements and documents are r  8 Date-Stamped	temized statements of running accounts contract evidence of perfection of lien DO NOT SENI not available explain If the documents are volunt Copy To receive an acknowledgment of the fill ope and copy of this proof of claim  Sign and print the name and title if any, of the	O ORIGIN O ORIGIN ninous, atta ing of your	AL DO	ents, mortgages security OCUMENTS If the ummary , enclose a stamped, self-	FILED JAN 1 2 2007
1/08/07	file this claim (attach copy of power of attorn Ronda L. Threlfall	nety (Pany)	alx		USA CMC

UNITED STATES	BANKRUPTCY COURT		Dist	RICT (	OF_	Nevada		DDOOL OF CLAIM
Name of Dubtor	USA COMMERCIAL MORTGAGE CO	C	asc N	umber	ne.	1070E L DD		PROOF OF CLAIM
		Case Number 06-10725-LBR			17	D AND FILED		
	should not be used to make a claim for an admini- quest for payment of an administrative expense ins							12 P 1 44
	The person or other entity to whom the					are aware that anyone roof of claim relating to		
debtor owes money		]	your	claim A	Attac	ch copy of statement		, court
TIKI II	NVESTMENT ENTERPRISES, LP		_	g partici		i have never received an		CLERK
Name and address 2578 HIGHMO	where notices should be sent RE AVE		notice			bankruptcy court in thi		
HENDERSON,		1 17	case Checi	k box ıf	the	address differs from the		
Telephone number	702-617-2565		addre		e en	velope sent to you by		THIS SPACE IS FOR COURT USE ONLY
Last four digits of	account or other number by which creditor			k here		replaces	اا	
identifies debtor 7	7002	1	if this	claım		amends a previously f	iled o	claim dated
1 Basis for C				اسيب		e benefits as defined in		
Goods	sold is performed					s salaries and comper our digits of your SS #		
✓ Money	loaned			U	npa	id compensation for se	rvice	es performed
Persona Taxes	al injury/wrongful death			fr	om .	(4-4-)	_ to_	(date)
✓ Other -	See exhibit A					(date)		(date)
2 Date debt v	vas incurred 7/22/05		3.	If cou	rt ja	dgment, date obtain	ed	
	of Claim Check the appropriate box or boxes th	at best	desc	nbe you	ır eli	aim and state the amou	nt of	the claim at the time case filed
	for important explanations		١	Secur	red	Claim		
1	Unsecured Nonpriority Claim s line 4 of Ex A  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Check this box if your claim is a right of setoff)  Brief Description of Collateral						n is s	ecured by collateral (including
The process of the pr						_		
Unsecured Priority Claim    Value of Collateral \$ Unkr								
Check this be entitled to priority	ox if you have an unsecured claim all or part of w	hich is	s			-		s at time case filed included in
9	priority \$			secure	ed cl	aim if any \$ line 2	of E	EX A
Specify the priority of		ĺ	יַ 🛮	Jp to \$2	2 22:	5* of deposits toward p	orch	ase, lease, or rental of property
Domestic supp (a)(1)(B)	port obligations under 11 USC § 507(a)(1)(A) o	r •	_ <sup>\$</sup>	507(a)	)(7)	or personal family or		
Wages salarie	s or commissions (up to \$10,000),* carned within	<u>]</u> 1081 ո	_		-			l units - 11 USC § 507(a)(8)
days before filing of business whicheve	of the bankruptcy petition or cessation of the debt r is earlier 11 U.S.C. § 507(a)(4)	or's			-			11 USC § 507(a)() 7 and every 3 years thereafter
	s to an employee benefit plan 11 USC § 507(a		V	vith resp	pect	to cases commenced of	n or a	ofter the date of adjustment
	nt of Claim at Time Case Filed		٤			line 4 Ex A		In 4 Ex A
Check this box interest or add	of claim includes interest or other charges in additional charges	lition to	o the	princip		(secured) mount of the claim Att	(prio ach i	ority) (Total) temized statement of all
	e amount of all payments on this claim has been	credite	ed an	d deduc	cted	for the purpose of	Тн	IS SPACE IS FOR COURT USE ONLY
making this pro			iak -					
7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages security					ł			
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary								
	To receive an acknowledgment of the file							
addressed envel	ope and copy of this proof of claim					,		
Date	Sign and print the name and title if any, of t file this claim (attach copy of power of attor	he crea	itor ( any)	or other	per	son authorized to		
1/11/06	Monie & Manuel				عدار			USA CMC

Casi	- 00-10123-9W2-1900-81-19	PRO	OOF OF CLAIM	<u> </u>	<del>JE-3-UL-12</del>
e e e e e e e e e e e e e e e e e e e					
Name of Debtor		Case Nu	ımber	1	
COA Comme	v cial Mortage	06-10	0705-LBR		
	Compairy				
	of Debtors and Case Numbers			-	
	i to make a claim for an administrative expent of the case A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may	be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and	احد بناءً بلين البناء كما الأمار بنايا من كمد بناي ف		statement giving particulars	l	
	1132124100842	21	Check box if you have		
	TOMLIN AND DOROTHY R TOMLIN OF THE DONALD S TOMLIN		never received any notices from the bankruptcy court or	DO NOT FILE TH	IIS PROOF OF CLAIM FOR A
	RLY GLEN AVE NV 89110-4228		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT BTORS
LAS VEGAS	147 09110-4220		Check box if this address differs from the address on the		ready filed a proof of claim with the
			envelope sent to you by the court.		t or BMC you do not need to file again
Creditor Telephone Number	other number by which creditor identifies	debtor			CE IS FOR COURT USE ONLY
<u> </u>	1217		Check here	r a previously	y filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against service
Services performed	Taxes		digits of your SS #· 1	217	(not for loan balances)
Money loaned	☐ Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCUR	RED VAVIOUS dates	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)
	AIM Check the appropriate box or boxes that		be your claim and state the amo	ount of the claim at	
See reverse side for important	1-1	<b>E</b>	CECHDED OF AIM > 3	See Ott	acried an of claim)
Check this box if a) there	TY CLAIM \$-2,779,806 (A) is no collateral or lien securing your claim or b)	) vour claim			ired by collateral (including
exceeds the value of the present the property	roperty securing it or if c) none or only part of y	our claim is	a right of setoff)	f action and	
UNSECURED PRIORITY CI		<del>- 2 - 4</del>	Brief description of Real Estate	_	. 🗖 ٥٠٠
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	<del></del>	e U Other
Amount entitled to priority	<b>¢</b>			`	
Specify the priority of the c	laim		secured claim, if any		at time case filed included in
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tow	ard purchase lease	e or rental of property or
	ssions (up to \$10 000)* earned within 180 days	s	services for personal family	or household use -	11 U S C § 507(a)(7)
	tcy petition or cessation of the debtor's lier - 11 U S C § 507(a)(4)	느	Taxes or penalties owed to go		
Contributions to an employ	ree benefit plan - 11 U S C § 507(a)(5)	<b>L</b>	Other - Specify applicable par *Amounts are subject to adju	-	• (,,,,
F TOTAL AMOUNT OF CL	W 0 5 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		with respect to cases comme	nced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	* <u>2111,000</u> *		\$		_\$-3,779,806
Check this box if claim incl	(unsecured) udes interest or other charges in addition to t	•	secured) amount of the claim Attach ite	( priority) emized statement (	(Total) of all interest or additional charges
	of all payments on this claim has been cre				
7 SUPPORTING DOCUL running accounts contract	MENTS <u>Attach copies of supporting doc</u> ets court judgments, mortgages, security	<i>uments</i> , su agreement	ich as promissory notes, pur s, and evidence of perfection	chase orders, inv	voices, itemized statements of OT SEND ORIGINAL
DOCUMENTS If the doc	cuments are not available, explain If the	documents	are voluminous, attach a su	mmary	
proof of claim	Y To receive an acknowledgment of the		·		d envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be sen actually received on or before 5 00 pm y (including individuals, partnerships, o	n, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	, , , , , , , , , , , , , , , , , , , ,		OR OVERNIGHT DELIVERY TO		
BMC Group	skating Center	BMC Gro	up		
Attn USACM Claims Dod P O Box 911		1330 Eas	CM Claims Docketing Cente t Franklin Avenue	" Fi	LED NOV 10 2006
El Segundo CA 90245-0			do, CA-90245		ł
01/8/06	SIGN and print the name and title if any of it this claim (attach copy of power of attor	ne creditor of they if any).	/ Midal / . "   L	ista	USA CMC

UNITED STATES BANKKUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM	<del>).53 - 14890</del> 	: <del>10 01 12</del>
Name of Debtor	Case Nu	mber		,
USA Commercial Mortgage Company	1	25-LBR		
OOA Commercial mortgage company	00-107	&v-FDI/		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	ot an	aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		BEING SERVICED BY THE O <u>NOT</u> HAVE TO FILE A PROOF
TOOMBES PATSY	35	Check box if you have never received any notices	OF CLAIM THIS	INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
P O BOX 11665 ZEPHYR COVE NV 89448		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( )	dobte-	Court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	aeptor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries and compensation (	fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	•	ompensation for services pe	rformed from	to
		MENTS		(date) (date)
2 DATE DEST WAS INCURRED		OURT JUDGMENT, DATE O		no turno cono file d
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	at Dest Gesch		unt of the claim at th	THE LITTLE CASE THEO
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		and have a Makamat Anada t
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	) your claim our claim is	a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM		· · -	-	<b>1</b> 0#-
Check this box if you have an unsecured claim all or part of which is		Real Estate	_	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in のの アレリタ いてましまる
Specify the priority of the claim  Demostra current objections under 11 U.S.C. \$ 507(a)(4)(A) or (a)(4)(B)				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days	s LJ	Up to \$2 225* of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go	vernmental units - 1	1 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para		
Continuations to an employee benefit plant 11 U.S.C. § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$		\$	or or and the	\$ 371435.14
AT TIME CASE FILED (unsecured)	/s	ecured)	(priority) PR 11	UCIPAL AND
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security	uments, su agreements	ch as promissory notes pure s and evidence of perfection	chase orders inve of lien DO NO	oices itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the				
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		·		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	n, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		ED OCT 0 4 2006
Attn USACM Claims Docketing Center	BMC Grou Attn USA	up .CM Claims Docketing Cente		LD 001 04 2000
P O Box 911	1330 East	t Franklin Avenue		
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the		to CA 90245		
this claim (attach copy of power of attor		onioi personi autinonzeu to ille	•	USA CMC

UNITED STATES	BANKRUPTCY COURT	Dis	TRIC	r of	Nevada	_	PROOF OF CLAIM
Name of Dubtor			Numb				TACOL OF ODAIN
USAC	ommercial Mortgage	0	10-	10	725-LBR		
	ould not be used to make a clasm for an administrative expense ma					nt	
of the case A requ	ем тог развисти от ан антипанацие схропае на						
	he person or other entity to whom the or property). Gerry Topp, a				u are aware that anyone proof of claim relating to		
macried	man dealing withhis	you	r clan		sch copy of statement		
Sole4 s	eparate property				s u have never received a	ny	
Name and address w	offere notices should be sent	noti	ces fr		bankruptcy court in th		
	Gerry Topp 10745 W. River St		ck bo		address differs from th	e	
Telephone number	Truckee, CA 96161		ress o court		nvelope sent to you by		THIS SPACE IS FOR COURT USE ONLY
1	count or other number by which creditor		ck he		replaces		
identifies debtor		if th	us cla		anonos .		claim dated
1 Basis for Cla			Н		ee benefits as defined es salaries, and compe		* '
Goods so	old performed		Ц	Last	four digits of your SS	#	<del></del>
Money le	oaned			-	aid compensation for s	Ervic	es performed
Taxes	snjury/wrongful death See Exhibit A			from	(datc)	to_	(date)
Other —	JEC TYNIBIL 1.	- 1 -					/ wases
2. Date debt wa	os incurred Oct. 2001	3	If c	ourt j	udgment, date obtain	ned	
4 Classification of	Claim Check the appropriate box or boxes th	at best des	cnbe	your c	laim and state the amo	unt of	the claim at the time case filed
	for important explanations for important explanations		Se	cured	Claim		
/	· ·	r claım or	يا	Ch	eck this box if your claif setoff)	m is s	ecured by collateral (including
b) your claim exceed	x if a) there is no collateral or lien securing you ds the value of the property securing it, or if c) is aim is entitled to priority	none or		_			
Unsecured Priority			1		ef Description of Colla Real Estate Mot		hicle Other
1 —	of you have an unsecured claim all or part of w	thich se			ue of Collateral \$		. L.1
entitled to priority	you have an unsecured claim an or part of w	C(1 15	An	nount e	of arrearage and other of	harge	s at time case filed included in
Amount entitled to p	priority \$		sex	ured c	claim if any \$ 4,2	/ ۲	. 86
Specify the priority of t	he claim						ase, lease, or rental of property
Domestic suppo	rt obligations under 11 USC \$ 507(a)(1)(A) o	r	or se	rvices 7(a)(7)	for personal family or	hous	enoid ase 11 USC
	or commissions (see to \$10,000) to access to the		Taxe	s or pe	nalties owed to govern	menta	il units 11 USC § 507(a)(8)
days before filing of	or commissions (up to \$10,000),* earned within the bankruptcy petition or cessation of the debte is earlier - 11 U S C § 507(a)(4)	or s		_		-	11 USC \$ 507(a)()
	o an employee benefit plan - II USC § 507(a)		nount. with	s are si respec	ubject to adjustment on t to cases commenced o	4/1/0 on or c	7 and every 3 years thereafter after the date of adjustment.
	t of Claim at Time Case Filed				3,10 260,703,1		260,703,10
! <u></u>		_	(une	ecured)	(secured)	(pri	onty) (Total)
interest or additi	f claim includes interest or other charges in add onal charges	uuon to th	e prin	cipal a	amount of the claim. A	ttach i	itemized statement of all
	amount of all payments on this claim has been	credited a	nd de	ducted	for the purpose of	Th	IS SPACE IS FOR COURT USE ONLY
making this proof	of claim cuments. Attach copies of supporting docume	omte accab	aa		nu notes mund		
orders invoices i	itemized statements of running accounts, contra	cts court	judgn	nents, i	mortgages, security		
agreements and	evidence of perfection of lien DO NOT SEN	D ORIGII	VAL	DOCU	MENTS If the	<b>F</b>	<b>7</b> 0
	A available explain. If the documents are volunt Copy. To receive an acknowledgment of the file.					FI	LED JAN 22 200
addressed envelo	pe and copy of this proof of claim				•		
Date	Sign and print the name and title, if any, of the file this claim (attach copy of power of attor	ne creditor	OF O	her pe	rson authorized to		
1/17/07	4 —		,				
1.11	rung long						USA CMC
Penalty for nessentia	- 6 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					_	THE RESERVE SECTION ASSESSMENT AND ASSESSMENT ASSESSMEN

1072502416

	PRO	OOF OF CLAIM	<del>UTUS FO</del> L	<del>JS 12 VI 12</del>
Name of Debtor	Case Nu	ımher		
USA Commercial Mortgage Company		725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	pense	Check box if you are		
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	IF YOU ARE ON	LY OWED MONEY BY A BORROWER
Name of Creditor and Address  1132124203937	75	to your claim Attach copy of statement giving particulars	WHOSE LOAN I DEBTORS YOU OF CLAIM THIS	S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
VENTURA ROY AMERICAN EMBASSY JAKARTA UNIT 8135 USAID FPO AP 96520		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE TI	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the court	If you have al Bankruptcy Cour	ready filed a proof of claim with the to BMC you do not need to file again
Creditor Telephone Number (62) 2/ 392-6/16  Last four digits of account or other number by which creditor identifies	dobios	Court	THIS SPAC	CE IS FOR COURT USE ONLY
	debtor	Check here replace of this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM  Goods sold  Personal mury/wrongful death	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes		salaries and compensation (f	ill out below)	Other claims against service
Money loaned Other (describe briefly)		digits of your SS#		(not for loan balances)
- Curier (describe briefly)	Unpaid o	compensation for services per	formed from	to
2 DATE DEBT WAS INCURRED Out 2004 - March 2006	4 3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amou		the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	<b>—</b>
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	☑ Motor Vehicle \$	e LI Other
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim, if any	155,82	8.26
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<b></b> _	Up to \$2 225* of deposits towa services for personal family or	rd purchase leas r household use if	e or rental of property or I1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	ernmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
		* Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 a ced on or after the	nd every 3 years thereafter date of adjustment
	155,8.			\$ 155,828,26
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iten	( priority) nized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the documents are not available.	<i>uments,</i> su agreements	ch as promissory notes purc	hase orders, inv	rouges stamuzed statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claım, enclose a stamped	self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailin	a Pacific time, on Novembe	-13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center		FILED OCT 19 2006
P O Box 911	1330 East	Franklin Avenue		FII FII OO I TO ESO
DATE SIGN and print the name and title if any of the	e creditor or			1104.0145
16 Oct 2006 this claim (attach copy of power of attorn		Mancy B Vente	era	USA CMC